



Senate

General Assembly

File No. 862

January Session, 2015

Substitute Senate Bill No. 1089

Senate, May 19, 2015

The Committee on Appropriations reported through SEN. BYE of the 5th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING MENTAL HEALTH SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2015*) The Commissioners of Social
2 Services, Children and Families and Mental Health and Addiction
3 Services shall, in consultation with providers of behavioral health
4 services, including, but not limited to, hospitals, develop and
5 implement a program to (1) improve the provision of behavioral health
6 services to Medicaid recipients, (2) improve the coordination of such
7 services among health care providers, and (3) reduce costs to the state.
8 Said commissioners shall (A) establish qualifications for participation
9 in the program, (B) identify geographic areas in which the program
10 shall be implemented, (C) provide payment incentives to health care
11 providers to improve the quality and decrease the costs of such
12 behavioral health services, and (D) develop quality standards to
13 ensure the improvement and coordination of such behavioral health
14 services.

15 Sec. 2. (NEW) (*Effective July 1, 2015*) The Commissioners of Children

16 and Families and Mental Health and Addiction Services shall annually
17 report, in accordance with the provisions of section 11-4a of the general
18 statutes, to the joint standing committees of the General Assembly
19 having cognizance of matters relating to children and public health
20 concerning the provision of behavioral health services. Such report
21 shall include, but need not be limited to: (1) The admission criteria,
22 admission process and capacity for each mental health and substance
23 abuse program administered by the Departments of Children and
24 Families and Mental Health and Addiction Services; and (2)
25 information for each provider of behavioral health services who
26 receives funding from the state through a program administered by
27 the Department of Children and Families or the Department of Mental
28 Health and Addiction Services, including, but not limited to,
29 deidentified information on: (A) The number of persons served and
30 such persons' level of care, the number of admissions and discharges
31 and the number of service hours and bed days, (B) the average wait
32 times for services, (C) the primary diagnoses and demographics for
33 persons served by such provider, (D) average lengths of stay for
34 persons who receive inpatient services, (E) client satisfaction scores, (F)
35 discharge delays and outcomes, and (G) recovery measures.

36 Sec. 3. (NEW) (*Effective July 1, 2015*) (a) There is established within
37 the Department of Mental Health and Addiction Services a grant
38 program to provide funds to organizations that provide acute care and
39 emergency behavioral health services. The Commissioner of Mental
40 Health and Addiction Services shall establish eligibility criteria for
41 grants under the program and an application process.

42 (b) Grants shall be issued under the program for the purposes of
43 providing community-based behavioral health services, including (1)
44 care coordination services, and (2) access to information on, and
45 referrals to, available health care and social service programs.

46 Sec. 4. (*Effective July 1, 2015*) (a) The Commissioner of Mental Health
47 and Addiction Services shall, in consultation with the Commissioners
48 of Children and Families and Social Services and providers of

49 behavioral health services, including, but not limited to, hospitals,
 50 study the current utilization of, and the need for, hospital beds for
 51 acute psychiatric care. Such study shall include, but need not be
 52 limited to: (1) A determination of the number of short-term,
 53 intermediate and long-term psychiatric beds needed in each region of
 54 the state; (2) the average wait times for each type of psychiatric beds;
 55 (3) the impact of wait times on persons in need of inpatient psychiatric
 56 services, such persons' families and providers of such inpatient care;
 57 and (4) identification of public and private funding sources to maintain
 58 the number of psychiatric beds needed in the state.

59 (b) Not later than January 1, 2017, the Commissioner of Mental
 60 Health and Addiction Services shall report, in accordance with the
 61 provisions of section 11-4a of the general statutes, to the joint standing
 62 committees of the General Assembly having cognizance of matters
 63 relating to appropriations, public health and human services
 64 concerning the results of the study described in subsection (a) of this
 65 section. Such report shall include, but need not be limited to,
 66 recommendations concerning: (1) Expansion of the utilization criteria
 67 to increase access to acute, inpatient psychiatric services throughout
 68 the state; (2) an increase in the number of long-term, inpatient
 69 hospitalization beds available for persons with recurring needs for
 70 inpatient behavioral health services; (3) funding to increase the
 71 number of psychiatric beds; and (4) placement of additional
 72 psychiatric beds in health care facilities throughout the state.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2015	New section
Sec. 2	July 1, 2015	New section
Sec. 3	July 1, 2015	New section
Sec. 4	July 1, 2015	New section

APP Joint Favorable Subst.

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 16 \$	FY 17 \$
Mental Health & Addiction Serv., Dept.	GF - Cost	\$3 million	\$3 million
Mental Health & Addiction Serv., Dept.	GF - Cost	Potential	Potential
Social Services, Dept.	GF - Savings	Potential	Potential

Note: GF=General Fund

Municipal Impact: None

Explanation

Section 1 may result in a savings to the state to the extent that a program is implemented which results in a net reduction in state costs related to mental health services for Medicaid clients. The state's Behavioral Health Partnership is currently charged with managing the state's mental services for public programs, including evaluating efficiencies and cost effectiveness.

Section 2 requires the Department of Children and Families (DCF) and the Department of Mental Health and Addiction Services (DMHAS) to annually report certain information for each provider of behavioral health services who receives funding from the state. While the agencies compile some of this information, additional costs could be incurred associated with annually obtaining and reporting additional detail for all providers. Depending on how this is implemented the state would incur costs associated with program monitoring and evaluation staff to administer the process at an annual salary of \$94,845 (with associated fringe of \$36,658), and potential costs for further IT and data development.

Section 3 establishes a grant program to provide funds to organizations that provide acute care and emergency behavioral health services. sHB 6824, the FY 16 and FY 17 budget bill, as favorably reported by the Appropriations Committee, appropriated \$3 million in each year for this purpose.

Section 4 requires a study on the utilization and need for acute psychiatric care hospital beds, which is not anticipated to result in a fiscal impact as the relevant agencies have the expertise to do so.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 1089*****AN ACT CONCERNING MENTAL HEALTH SERVICES.*****SUMMARY:**

This bill:

1. requires the social services (DSS), children and families (DCF), and mental health and addiction services (DMHAS) commissioners, in consultation with providers, to establish a program to improve the provision of behavioral health services to Medicaid recipients, improve service coordination, and reduce state costs;
2. establishes a grant program within DMHAS to provide funding to organizations that provide acute care and emergency behavioral health services;
3. requires the DCF and DMHAS commissioners to annually report to the Children's and Public Health committees on the provision of behavioral health services; and
4. requires the DMHAS commissioner, in consultation with DCF, DSS, and others, to study the utilization of and need for hospital beds for acute psychiatric care.

EFFECTIVE DATE: July 1, 2015

§ 1 — MEDICAID BEHAVIORAL HEALTH PROGRAM

The bill requires the DSS, DCF, and DMHAS commissioners, in consultation with hospitals and other behavioral health services providers, to develop and implement a program to (1) improve the provision of behavioral health services to Medicaid recipients, (2) improve service coordination among providers, and (3) reduce state

costs.

The commissioners must (1) establish qualifications to participate in the program, (2) identify where it will be implemented, (3) provide payment incentives to providers to improve service quality and decrease costs, and (4) develop quality standards to ensure service improvement and coordination.

§ 3 — ACUTE CARE AND EMERGENCY BEHAVIORAL HEALTH SERVICES GRANT PROGRAM

The bill establishes a grant program in DMHAS to provide funds to organizations providing acute care and emergency behavioral health services. The grants are for providing community-based behavioral health services, including (1) care coordination and (2) access to information on and referrals to available health care and social service programs. The commissioner must establish eligibility criteria and an application process.

§ 2 — DCF AND DMHAS ANNUAL REPORT

The bill requires the DCF and DMHAS commissioners to annually report to the Children's and Public Health committees on the provision of behavioral health services. (The bill does not specify when the first report is due.)

The report must include the admission criteria, admission process, and capacity for each mental health and substance abuse program the departments administer. It also must include information for each behavioral health services provider who receives state funding through a DCF- or DMHAS-administered program, including information on the following that does not identify particular patients:

1. the number of (a) people served and their level of care, (b) admissions and discharges, and (c) service hours and bed days;
2. their patients' primary diagnoses, demographics, and average wait times for services;
3. average lengths of inpatient stays when applicable;

4. client satisfaction scores;
5. discharge delays and outcomes; and
6. recovery measures.

§ 4 — HOSPITAL BED STUDY

The bill requires the DMHAS commissioner to study the current use of and need for acute psychiatric care hospital beds. She must do so in consultation with the DCF and DSS commissioners and behavioral health providers, including hospitals.

The study must include:

1. a determination of how many short-term, intermediate, and long-term psychiatric beds are needed in each region of the state;
2. the average wait times for each type of bed;
3. the impact of wait times on people needing inpatient psychiatric services, their families, and providers of this type of care; and
4. identification of public and private funding sources to maintain the necessary number of beds.

The DMHAS commissioner must report on this study to the Appropriations, Human Services, and Public Health committees by January 1, 2017. The report must include recommendations on:

1. expanding utilization criteria to increase access to acute, inpatient psychiatric services statewide;
2. increasing the number of available long-term, inpatient hospital beds for people with recurring needs for inpatient behavioral health services;
3. funding to increase the number of psychiatric beds; and

4. placing additional psychiatric beds in health care facilities throughout the state.

BACKGROUND

Legislative History

The Senate referred the bill (File 662) to the Appropriations Committee, which reported a substitute that removes provisions:

1. appropriating \$3 million for the acute care and emergency behavioral health services grant program described above;
2. establishing a grant program for certain hospitals for intermediate duration acute care psychiatric services, and appropriating an unspecified amount for that program;
3. expanding who must take the state's mental health first aid training program; and
4. requiring the state to seek certain Medicaid plan amendments concerning behavioral health services.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 1 (03/27/2015)

Human Services Committee

Joint Favorable

Yea 14 Nay 2 (04/28/2015)

Appropriations Committee

Joint Favorable Substitute

Yea 41 Nay 16 (05/13/2015)